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BIB DATA SHEET

CONFIRMATION NO. 4241

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/574,615		514	1612	1691-0217PUS1

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**** CONTINUING DATA *******

This application is a 371 of PCT/JP04/14774 09/30/2004

**** FOREIGN APPLICATIONS *******

JAPAN 2003-346858 10/06/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

06/18/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	sk Initials	JAPAN	4	14	1

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TITLE

Ophthalmic Composition for Treating Tear Dysfunction

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit